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PTO/SB/21 (04-04)

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JewTRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Application Number	10/074389
Filing Date	February 12, 2002
First Named Inventor	Shaker A. Mousa Et. Al.
Art Unit	1643
Examiner Name	

Total Number of Pages in This Submission

Attorney Docket Number CL1723USNA

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> 8 Sheets of Formal Drawings
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	E. I. DU PONT DE NEMOURS AND COMPANY Barbara C. Siegell
Signature	
Date	9/11/04

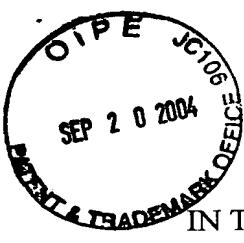
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN THE APPLICATION OF:

SHAKER A. MOUSA ET. AL.

CASE NO.: CL1723USNA

APPLICATION NO.: 10/074389

GROUP ART UNIT: 1643

FILED: FEBRUARY 12, 2002

EXAMINER:

FOR: ANGIOGENESIS-INHIBITORY TRIPEPTIDES, COMPOSITIONS AND THEIR  
METHODS OF USE

NOTICE OF ALLOWANCE MAILED: MARCH 18, 2004

BATCH NO.:

**TRANSMITTAL OF FORMAL DRAWINGS**

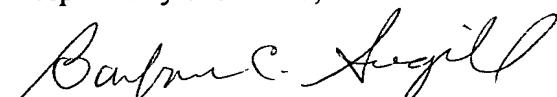
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attention: Drawing Review Branch

Sir:

Transmitted herewith are formal drawings to be substituted for the informal drawings now on file in the above-referenced application.

Respectfully submitted,

  
**BARBARA C. SIEGELL**  
ATTORNEY FOR APPLICANTS  
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Facsimile: (302) 992-5374Dated: 9/17/04